

S.113.A. HENRY STREET SETTLEMENT.

VISITING NURSE SERVICE

Administered by
HENRY STREET SETTLEMENT



BULLETIN OF INSTRUCTION

Central House
99 PARK AVENUE
NEW YORK CITY

Price 50 cents

Revised Edition - 1933

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CONTENTS

	Page
Administration	3
Appointment Service	14
Baby's Supplies	21
Bag Delivery	22
Bag, General	8
Charge Basis	13
Communicable Diseases	16
Communicable Disease Technique	16
Co-operations	3
Delivery Routine	22
Diagnosis—to obtain	5
Educational Opportunities	33
Equipment, Care of	10
Follow-up Routine	30
Function	3
General Care of Patient	12
History	3
Hospital Care	7
Hours of Duty	31
Insignia	31
Instructions, General	5
Insurance Companies	4
Medical Attendance	5
Mother's Supplies	21
New Calls	5
Orders for treatment—to obtain	7
Physicians' Orders	5
Postpartum and New Born Routine	26
Prenatal Routines	19
Records	15
Record of Work	13
Regulations, General	31
Resignations	31
Routine, General	7
Staff Committee, Rules governing	34
Standing Orders	5
Sunday Work	7
Surgical Routine	16
Thermometer Technique	11
Vacations	31
Visitors	7
Visits, Daily Routine of	15
Conclusion of	13
Substitute	7

INTRODUCTION

Administration

Miss Lillian D. Wald, the Head Resident of the Settlement, is Vice President of the Board of Directors and Chairman of the Executive Committee of the Visiting Nurse Service. The finances are controlled by the Board of Directors of the Henry Street Settlement. Direct administration of the nursing service is lodged in the Executive Committee of the staff, which includes: General Director, Associate Director, Educational Director, Statistician and Mental Hygiene Supervisor.

History of the Work

The Visiting Nurse Service of the Henry Street Settlement was established in 1893 and undertook in the beginning to give trained nursing service to those men, women and children in the immediate neighborhood of the Settlement for whom hospital treatment was not practicable. An estimate made at that time has since been confirmed by various authoritative investigations, showing that ninety per cent of sickness is cared for in homes and only ten per cent in hospitals. It is idle to argue that if a city provides the hospitals, the people when sick should go to the hospitals. The largest proportion of sickness has been and will continue to be, cared for in the homes. Society has come to recognize the social and educational value of nurses in the homes, and the work of the service has consequently expanded until now it covers the boroughs of Manhattan, Bronx, and part of Queens.

Function

It is the function of the Visiting Nurse Service to give skilled nursing care in the homes and instruction in personal hygiene, sanitation and the prevention of disease; also as far as possible, to solve the related social, economic and mental hygiene problems that are met in the families under its care either by using the resources of the organization or referring the problems to the proper co-operative agencies. The maternity service includes prenatal care, postnatal care and instructions. A twenty-four hour delivery service is carried on in one area of the city. In addition to the preventive work in the field prenatal classes for mothers are conducted in most of the centers.

Co-operation

The Visiting Nurse Service arranges for convalescent care for a large number of cases a year either through other agencies or in the country homes maintained by the Settlement.

It is hoped that the nursing staff will consider themselves as occupying positions of unusual opportunity for promoting the social as well as the physical and mental welfare of their patients.

Whenever a nurse discovers a family apparently in need of food, fuel or clothing, she is expected to report it immediately to the proper relief agency, which then becomes responsible for an investigation of the needs and resources of the family, and proper provision for relief. In cases of emergency, nurses are authorized to give immediate relief in food, fuel or clothing, that there may be no risk of suffering during the interval which must elapse between the receipt of the report and action on the part of the relief society. In order that the professional function of the visiting nurse be understood, it is important that the patient should not regard material relief as a part of her service.

The Visiting Nurse Service works independently and has no agreement for special rates with individual physicians or institutions. The Metropolitan Life Insurance Company and The John Hancock Insurance Company pay for the visits made to their Industrial and Group Policy Holders, as do other organizations and industries with whom the Visiting Nurse Association co-operates through visits to their employees.

GENERAL INSTRUCTIONS

New Calls

New calls must reach the District Office before 8:45 A. M. to be visited the same morning; and before 1:30 P. M. to be visited the same afternoon.

A nurse is sent in response to every new call, but care is continued only when a physician is in attendance. New cases are usually visited first, morning and afternoon, others in order of their importance.

Medical Attendance

All patients receiving nursing care must have a physician in attendance. If the family is unable to pay for the physician's services, the following arrangements may be made: (1) A physician may be called from a dispensary having district service. (2) In districts where there is no such service, through consultation with the supervisor, a free visit from some private physician may be arranged. (3) If the patient seems to be suffering from a communicable disease, a doctor from the Department of Health may be called to make a diagnosis, but will not make subsequent visits. A nurse cannot continue on the case unless another physician is called who will assume the responsibility of the case. (4) In an emergency an ambulance doctor may be called. If he does not continue to be responsible for the case, visits to the patient can not be continued.

The nurse is expected to communicate with the doctor in attendance regarding each patient and must strictly observe professional etiquette. A nurse never prescribes for a patient.

Physician's Orders

The field nurse carries out physician's orders only when received through the following sources:

- a. Orders written by the physician.
- b. Verbal orders given directly or by telephone to the field nurse or to the association by the physician.

If a physician is in attendance and no written orders have been left, and the patient's condition indicates that immediate treatment is necessary, every effort should be made to communicate with the physician at once.

Standing Orders

The following Standing Orders have been endorsed by the Medical Advisory Committee, which consists of specialists from the various fields of medicine and three representatives appointed by the County Medical Societies of the boroughs covered by the Henry Street Visiting Nurse Service (Manhattan, Bronx and Queens). These orders are to be

carried out only until the arrival of the doctor who has been called or in cases of emergency where medical services are not immediately obtainable.

All New Patients

General isolation routine if communicable disease is suspected; general or partial care as the situation indicates. If the patient has elevation of temperature, liquid diet and plenty of water are advisable. Children with an elevation of temperature should have soup, cereal gruels, orange juice and water, but no milk until ordered by physician. The family is instructed in the hygiene of the sick room with special emphasis on cleanliness and proper ventilation.

Burns

A wet dressing of saturated solution of bicarbonate of soda. If the burn is severe and no physician has been called, removal to a hospital should be advised.

Infantile Diarrhoea

The attendance of a physician should be urged. Boiled water and barley water may be given temporarily, but no milk.

Infantile Convulsions

Immediate attendance of a physician is imperative. Mustard bath and warm soap suds enema should be given at once.

Constipation in Infants

In emergency, the nurse may advise enema, or soap stick, if doctor has dismissed the case. If the condition is habitual, physician's advice should be urged.

Earache

No treatment. Refer to physician always.

Discharging Ears

Physician's care should be urged. Cleanse external passage, by gentle irrigation of normal saline solution.

Minor Dressings

Dry dressing, saline or boric acid only.

Sore Throat and Colds

Isolate patient. Encourage drinking of water. Call physician.

Postpartum Hemorrhage

Elevate foot of the bed. Keep patient quiet and warm. Make sure that uterus is well contracted and if not, massage carefully but gently. Call physician immediately.

Accidents or Emergencies

Attendance of physician is imperative. First aid measures as indicated should be carried out until arrival of physician.

Standing orders for midwives cases, hospital ambulance and Berwind Clinic cases will be issued to the nurse by her supervisor.

To Obtain Diagnosis, Orders for Treatment, Etc.

A diagnosis for every patient cared for is sent to the Record Office. Only a physician's diagnosis is accepted. If the physician has not given a diagnosis or left orders for treatment, a note is written to him on the bedside notes, asking for diagnosis and orders. If suspicious of communicable disease, the nurse telephones him.

In case the diagnosis is not written on the bedside notes or is unsatisfactory, the form letter for diagnosis signed by the supervisor, should be sent to the physician. In dismissing a case where the physician has failed to give a diagnosis, the symptoms and condition of the patient are stated clearly. A statement is made as to whether the disease or disorder follows any other illness, and any complications that may have arisen during treatment are noted.

When the patient has been removed to the hospital before the diagnosis has been made, it may be obtained by sending to the Superintendent of the Hospital the form letter with the date of admission of the patient.

Hospital Care

Hospital care should not be advised without the sanction of the doctor in attendance. An ambulance can be obtained for city hospital care by calling the police department.

Sunday and Holiday Work

Only patients whose home care is inadequate and who are so acutely ill that the care and supervision by the nurse is imperative will be visited on Sundays and Holidays.

Substitute Visits

Field nurses are instructed to inform patients of the expected day off duty, in order to prepare the way for the substitute nurse. Before the field nurse goes off duty, a list of substitute visits to be made is left on a special sheet provided for that purpose.

Visitors

Only such visitors as arranged for with the supervisor, through the Central Office, may accompany the nurse to the homes of the patients. It is expected that these visitors will wear suitable uniform.

GENERAL ROUTINE

Introduction

A. An opportunity to make preliminary observation visits with a field nurse before assuming any responsibility in the actual work of the district is given to each nurse entering the service.

B. Each member of the staff is required to keep herself supplied with the following:

1. Guide Book of New York City.
2. Small note book.
3. Fountain pen.
4. Lead pencil.
5. Ink and pencil eraser.
6. Watch.

Nurse's Bag

A. The field nurse's bag and contents are furnished by the association. A deposit of \$2.00 is required. This deposit is refunded when the service is terminated, if the bag and contents are returned in proper condition.

B. The name of the nurse and the address of the centre is to be inserted in the place provided for it, on the end of the bag.

C. Contents.

Pockets at Rear of Bag

- Pocket 1: 2 oz. bottle of Green Soap
" 2: 1 oz. " " 50% alcohol
" 3: 1 oz. " " hand lotion
" 4: 1 oz. dropper bottle containing 1 dram of $\frac{1}{2}\%$ acetic acid
" 5: Urinometer (wrapped in paper napkin) in glass tube
Test Tube
Test tube holder
" 6: Vial containing litmus paper
Jute envelope containing
6 tongue depressors
6 applicators
" 7: Vial containing 12 tooth picks

Attached to Strap on Left End of Lining of Bag

- (a) Chain made of three large safety pins
- (b) Chain made of three small safety pins
- (c) One pair of scissors (surgical or bandage). (Two pairs may be carried if nurse wishes)
- (d) One pair of baby scales

Pocket in Lining at Right End of Bag

- (a) Twelve paper napkins (folded with folded edge at top)
- (b) Metal case containing hypodermic and two needles (in front of napkins)

Small Pockets Attached to Lining in Front of Bag Commencing at Right

- Space 1: Rectal thermometer in black rubber case or metal case with black top
Space 2: Mouth thermometer in metal case

Space 3: Emergency thermometer, corrugated case or metal case with red top

Space 4: One pair thumb forceps.

Pocket in Lining at Front

3 small paper bags each made from one sheet of newspaper (may be carried if nurse wishes)

1 Receipt book

1 Press board envelope containing

1 family folder

3 morbidity records

3 maternity records

3 Advice to Mothers

3 Manila envelopes each containing

1 sheet bedside notes

1 Fee Card

1 M.L.I. Card

1 John Hancock Card

1 Manila envelope containing

6 sheets of bedside notes

½ Note Pad (bag size)

1 Baby Health Station Card

Daily Assignment Sheet

1 List of Mothers' Clubs

3 Clinic Refer Slips

Current Histories necessary for day's work

Other printed materials as needed

Floor of Bag

1 White enamel specimen cup

1 can Sterno

1 Enamel funnel

1 Instrument case containing

1 glass connecting tube

1 graduated connecting tube

1 douche nozzle

1 case containing

1 Rectal tube Size 30 F

1 Catheter " 18 F

1 Piece rubber connecting tube, 12 inches long

1 case containing

3 sterile cord dressings

1 nine inch length of cord tie pinned to bag

1 Roll absorbent cotton

1 case containing

1 Nurse's apron

1 Sterilizing Basin

1 Nail Brush

1 Hand Towel

When the Sphygmomanometer and Stethoscope are taken into the district, they are to be placed in a cotton case and carried in the nurse's bag.

It shall be the responsibility of the supervisor to see that staff members are provided with a sufficient supply of dry towels for the day's work, particularly in cold weather.

Staff members are permitted to provide their own hand lotion, if they prefer to do so. If it is in liquid form it should be kept in the standard bottle.

Care of the Equipment

Each nurse is responsible for keeping her equipment up to the required standard, and her bag and contents in good condition. A thorough cleansing of the equipment and the detachable lining is essential at least once each month.

1. Damp Linen—

Remove from bag to dry when day's work is completed.

2. Glass Ware—

Wash and boil three minutes.

3. Instruments—

Rinse in cold water and boil not less than 5 minutes. Dry and clean. Oil frequently enough to keep in good condition.

4. Nail brushes—

To be boiled after each visit if used.

5. Rubber goods—

Wash, wrap in muslin or gauze and boil 3 minutes and dry.

6. Sterilizing basin—

Clean before replacing in bag.

Procedure in the Field

As the field nurses go from home to home and two or more may visit the same patient during the course of an illness, certain minimum standards of technique are considered necessary in order:

1. To protect the patient, other members of the family and the nurse.

2. To make the work with the families more effective.

3. To facilitate the work of the substitute nurse.

In visiting all cases, the nurse observes the ordinary rules of courtesy. On the first visit she introduces herself professionally and by name. After finding a suitable place for the bag, coat and hat, she determines what care the patient requires, and learns whether the physician has left written orders or not.

The most responsible member of the family is asked to have hot water ready and to assist by bringing the following:

- Basin.
- Bedding.
- Towels.
- Wash cloths.
- Soap on dish.
- Glass.
- Tooth brush.
- Alkaline solution (for mouth wash if patient has no tooth paste).
- Brush and comb.
- Vaseline.
- Newspaper.
- Any articles needed for special treatments.

The cuffs are removed and uniform sleeves rolled well above the elbows. After opening the bag and removing the green soap and one paper napkin which is placed on a table, protected by newspaper, the nurse washes her hands and then removes other necessary articles from the bag, arranging them on the paper napkin as follows:

- Sterilizing basin.
- Towel.
- Nail brush.
- Apron (which she puts on, replacing the case in the bag).
- Thermometer (case left in bag).
- Cotton.
- Tongue depressors.
- Toothpicks.
- Scissors.
- Paper bag. (Paper bag may be made in home).

Any record slips and printed matter required, are also removed and placed between the folds of a paper napkin on the inner flaps of the bag until needed. The bag is closed and if for any reason other articles have to be removed after starting the care of the patient, the hands are thoroughly cleansed before re-opening the bag.

Thermometer Technique

The thermometer and the supplies needed for its care should be provided by the family whenever possible.

The temperature is taken by rectum in all cases except postpartum, chronic and adult patients who are not in bed.

To take a Mouth Temperature

1. Rinse the thermometer under cold running water or wipe with cotton moistened with cold water.

After removing

2. Wipe with dry cotton and read.

3. Rub well with cotton moistened with green soap.
4. Rinse well under running water.
5. Wipe with cotton moistened with 50% alcohol.

To Take a Rectal Temperature

1. Lubricate the thermometer.

After removing

2. Wipe with dry cotton and read.
3. Rub well with cotton moistened with green soap.
4. Rinse well under running water.
5. Wipe with cotton moistened with 50% alcohol.

The rectal thermometer is not to be rinsed at the kitchen sink.

(If running water is available only at kitchen sink, wipe with several wet cotton pledgets.)

General Care of Patient

Good standards of nursing care always include the general care of the patient, bed making, care of the sick room, and instructions to a responsible member of the family. Just what amount of this is to be actually done by the field nurse herself, depends upon the situation. The aim of each visiting nurse should be to teach the family to meet its individual needs as far as possible, and to give careful instruction and supervision. Full general care includes the care of the mouth, nails, and hair, bath, and remaking of bed. Before commencing the bath, see that the room is sufficiently warm and that there are no draughts. Remove the bed spread and fold neatly. When no fresh linen is available be sure that sheets are well protected. The bath water is not to be emptied into the kitchen sink.

Care of Mouth

Teach the importance of the care of the mouth and teeth. If patient is too ill to use a tooth brush, a member of the family must be taught to give this care. Applicators may be made and normal saline solution, bicarbonate of soda solution, boric acid, or any alkaline mouth wash used. Glycerine and lemon juice may be recommended when the condition warrants its use.

Bath

Wash the face, neck and ears. Then bathe anterior chest before the upper extremities. After turning the patient, the back, lower extremities and perineum are bathed. The water should be changed as frequently as indicated.

Pressure spots, the back and axillae require careful inspection and attention. Examine suspicious cases for head and body vermin. Place soiled linen in a newspaper, preferably not on the floor.

Care of Hair

Before combing the hair, see that the pillow is protected. Teach a member of the family to give the hair proper care.

Care of Nails

The nurse is responsible for the care of the patient's nails. Some member of the family can generally be taught to give this care.

Pressure Sores

The physician in charge must be notified of their first appearance. Teach the family how to avoid pressure sores by turning the patient at regular intervals, keeping the skin dry and also by the use of pillows, pads and rings under bony prominences. Mattresses may be protected by rubber sheeting, oil cloth or newspaper, and old linen.

Conclusion of Visit

When the care has been given and the sick room put in order, the hands are thoroughly cleansed, and articles returned to the bag. The record work is completed. The bedside notes are written and placed in an envelope which is left in a safe and convenient place for the physician.

In order that the patient may have the necessary care during the nurse's absence, leave very definite simple instructions with a responsible member of the family. A written schedule for nourishment, medication, or other treatment to be given between nursing visits, is often helpful to the family.

All necessary articles required by the patient are left near at hand. The articles to be used on subsequent visits are placed on a paper napkin or on a tray, in a place where they will be undisturbed. In order to facilitate the nurse's work on succeeding visits the family is advised of the possible time of the next visit and is asked to have necessary articles in readiness.

Record of Work in the Home

The record of work is not done until the care has been given to the patient. In order to avoid asking direct questions, it is desirable that as much information be obtained through conversation with the patient and family during the nursing visit as possible. Tact and resourcefulness should be exercised in securing necessary data.

Charge Basis

The cost of the nursing visit is based on the actual cost to the association. Each patient is expected to pay as much of this amount as he or she can afford.

1. Full pay—

When the patient meets the entire cost of the visit the amount paid is termed "full pay."

When there is more than one patient in the same family receiving care on the same visit, the cost to the second patient is less than the regular fee, because of the conservation of the nurse's time.

2. Part pay—

When, according to the judgment of the nurse, a patient is unable to meet the full cost of the visit, the amount paid is termed "part pay."

3. Free—

When, according to the judgment of the nurse a patient cannot pay anything for the service, the care is given and is termed "free."

4. Insurance companies—

No fee is collected from the Industrial or Group Policy holders of the Metropolitan and John Hancock Insurance Companies, as their fees are remitted by the Insurance Companies directly to the Visiting Nurse Service.

(See manual of these Insurance Companies for regulations governing their service.)

5. Industrial.

No fee is collected from the employees of certain Industrial Organizations who, by special arrangement, pay for the visits made to their employees.

6. Other contracts.

No fee is collected from certain other organizations who by special arrangement pay the Visiting Nurse Service directly.

When the fee is paid directly to the Visiting Nurse Service by other organizations it is the nurse's responsibility to explain this service to the family.

Nursing by Appointment

This special service is offered to those persons requiring skilled care but not needing the full time of a private nurse. Many families wish to pay for this skilled care, but are unable to bear the expense of a full day's service. This appointment service is particularly helpful to those living in small apartments and hotels where there is no room to accommodate an extra person. An effort is made to send a nurse as nearly as possible at the time desired. To cover the expense of this time adjustment it is necessary to charge \$2.00 for the first hour or fraction thereof, and 50 cents for each additional thirty minutes.

Receipt for Fees

When a fee is received a receipt for the exact amount is left in the envelope with the bedside notes.

Visiting Nurse Service Card

On the first visit a card with the nurse's name, and the address and telephone number of the office is left. The attention of the family should be called to this card, to enable them to communicate with the district office in case of an emergency. If the patient is insured the card of the Insurance Company is left instead of the Visiting Nurse Service Card.

Daily Routine of Visits

Before the field nurse leaves the district office she plans the order of her visits, and confers with her supervisor. If a patient's condition indicates that a return visit is necessary it is made after 3 P. M. The substitute nurse should not dismiss a patient without first consulting the nurse in charge of the case, unless it is a new case which does not require a second visit.

Records

Explanation of the various forms for use in recording is given to the nurse in an early conference.

SURGICAL ROUTINE

The best standards of surgical technique must be applied to surgical dressings in the field. All supplies required are provided by the family. Necessary articles are removed from the nurse's bag according to the general routine. In addition a table or chair, well protected with newspaper, is placed in a convenient position near the patient. On it is spread a fresh napkin. On the napkin are placed the articles required for the dressing and the sterilizing basin containing the sterile instruments. Before starting to work it is essential that two receptacles, preferably paper bags, are close at hand; (one to be used for soiled bandages and dressings to be burned, and the other for such bandages and dressings as may be used again). These bandages and dressings should be put in cold water immediately and placed on stove to boil. The field nurse is responsible for the prompt and proper care of soiled dressings, as well as for teaching the family how to wash, roll, and prepare bandages and dressings for future use. After the dressing is finished and instruments boiled, it is important that they be thoroughly cleansed and dried; also that the instrument basin be properly cleansed.

COMMUNICABLE DISEASES

To increase the effectiveness of our technique in the care of communicable disease, these diseases are divided into three groups:

Group A: Colds, Coughs, Pneumonia, Influenza, Sore Throat (not Diphtheritic), Tonsilitis, Tuberculosis, Trachoma and Conjunctivitis.

The routine for the care of diseases listed in Group A should conform to the routine for general care (see page 12).

Discharges from the Nose and Throat

Discharges from nose and throat may be received in old linen, muslin, or paper, and placed directly into paper bag which should be burned. Careful instruction should be given to patients and families as to the importance of observing these directions intelligently.

Discharges from Eyes

The same technique observed in caring for nose and throat discharges should be observed in caring for the eye discharges in cases of trachoma and conjunctivitis.

Isolation of Patient

The patient should have a separate bed; a separate room is advisable. The field nurse should make every effort to safeguard the health of the family. The sickroom should be kept free from unnecessary articles.

Care of Patient's Room

Floor should be wiped with damp cloth. A damp cloth or an oiled cloth should be used for dusting. Articles used for cleaning should not be taken from the sick room.

Dishes and Utensils

All dishes and utensils should be sterilized. A sufficiently large receptacle should be selected for this purpose. Before removing dishes from the sick room, uneaten food should be wrapped in paper to be burned. Place dishes and utensils in receptacle selected, cover with cold water to which a small quantity of washing soda or soap has been added, bring to a boil slowly and boil 5 minutes.

Washing of Hands

The nurse as well as the members of the family should wash their hands after each contact with the patient.

Group B: Syphilis, Gonococcus infection, Chancroid.

Care for cases of venereal diseases, (group B) in the communicable stages, calls for the same details of technique as described in "Surgical Routine," (page 16).

Discharges—Same as Group A.

Dishes and Utensils—Same as Group A.

Isolation of Patient—Same as Group A.

Linen

Soiled linen should either be boiled for 5 minutes or soaked in a 2% lysol solution, or 1% C. N. solution.

Group C: Measles, Mumps, Scarlet Fever, Diphtheria, Chicken Pox, Meningococcus Meningitis, Typhoid and other reportable diseases not listed in A or B.

General Routine

1. The nurse's bag, hat, coat and cuffs are left outside the sick room.

2. Articles are removed from the bag according to routine, the nurse keeping in mind that nothing which can not be sterilized or destroyed should be taken into the sick room.

3. A gown is provided in caring for all of these patients. (When the nurse unexpectedly finds a patient requiring isolation she may use the apron from her bag temporarily, if the family is not able to meet the emergency). The gown is left in the patient's room in a place where it is least likely to be disturbed. When the gown is returned to the district office it should be wrapped in paper and carried outside the bag to the office and disinfected according to routine.

Linen is disinfected in the district office by boiling for five minutes, or by soaking in a 2% cresol solution or a 1% C. N. solution.

4. The nurse should be careful not to begin giving care until she is sure that everything needed is close at hand in the sick room.

5. The family should be instructed as to the importance of cleansing their hands after every contact with the patient. Soap and water are used unless physician insists on a solution.

6. After the care has been given, the hands are washed with soap and water, before leaving the sick room. The gown should be removed and cared for according to instructions.

7. **Thermometer technique.**

The thermometer technique is the same as for any other case (see page 11).

If the nurse is required to use the thermometer from her bag, she will, after cleansing it in the usual manner, wrap it in a cotton pledget moistened with 50% medicated alcohol and leave it in the patient's room until the nursing care is completed. She then carries it with her from the room and replaces it in her bag at the same time she does other articles which have been removed.

8. After leaving the patient's room the nurse scrubs her hands with the nail brush and cleans her nails with tooth picks. The brush is then boiled for five minutes before returning it to the bag.

Discharges—Same as Group A.

Dishes and Utensils—Same as Group A.

Linen—Same as Group B.

Special Note

1. All visits to these patients should be made after other patients have been seen.

2. No nurse may attend a patient suffering from scarlet fever or erysipelas, and a postpartum patient or one requiring surgical dressings on the same day.

Scarlet Fever and Erysipelas

Patients with scarlet fever and erysipelas are to be visited only after all other patients have been seen for the day. Rubber gloves should be used in giving bedside care to erysipelas patients.

Rubber gloves are kept in the district office and may be left in the homes whenever necessary. After using, gloves should be thoroughly washed, sterilized, dried and powdered and put in a safe place with the nurse's gown.

PRENATAL ROUTINES

Aims in Prenatal Care

1. To secure the minimum of mental and physical discomfort for the mother throughout pregnancy and labor.
2. To secure the maximum of mental and physical fitness at its termination, with a well baby and the knowledge of how to care for the baby.

Home Visits

The purpose of the introductory visit to the home of a prenatal patient is to gain her interest and confidence. A complete nursing visit should not be made before the field nurse has gained the consent of the physician.

Frequency of Nursing Visits

1. Normal cases registered with private doctor, midwife or clinic, visit once a month.
2. Patients not registered for medical care, visit as frequently as necessary to insure registration.
3. Patients attending Mother's Club regularly.
 - a. One home visit as early as possible.
 - b. One or more home visits should be made in the last month if patient is to be delivered at home.
 - c. Full nursing visits to be made every other week on normal patients.
4. Home visits on abnormal cases to be made as frequently as is necessary.

Routine for Complete Nursing Visit

1. Using the routine bag technique the following additional articles are removed from the bag:
 - Sphygmomanometer and stethoscope.
 - 3 paper napkins.
 - Mouth thermometer.
 - Absorbent cotton.
 - Urinometer and glass.
 - Test tube and holder.
 - Acetic acid.
 - Sterno.
 - Litmus paper (1 piece to be removed with forceps).
 - Paper bag.
 - Specimen cup (if needed).
2. Record material:
 - Maternity record.
 - "Advice to Mothers."
3. Take T. P. R.
4. Notice condition of teeth and mouth. Give advice for care if necessary.

5. Observe patient, following order of questions on record and advise.

- a. Nipples.
(Demonstrate care after 7th month, state reasons).
- b. Body cleanliness.
- c. Edema—face, hands, legs, feet.
- d. Varicosities.
- e. Dyspnoea, headache, condition of eyes.
- f. Nausea and vomiting (time of occurrence).
- g. Bowels.
Constipation.
Diarrhoea.
- h. Vaginal soreness and discharge, character.
- i. Foetal heart (after 6th month).

6. Urinalysis—(In presence of patient).

- a. Instruct patient
To cleanse vulva.
Use a clean vessel.
Place in clean container.
- b. Choose suitable place to work.
(Kitchen chair well protected with newspaper.)
- c. Place equipment on napkin.
- d. Examine specimen for color and clearness and note presence and character of any deposit.
Test the reaction.
Take specific gravity.
Test for albumin.
- e. Dispose of specimen.
- f. Cleanse and sterilize equipment (cleanse urinometer in same manner as the rectal thermometer).
- g. If specimen remains cloudy or there is any doubt as to the examination in the home, it is taken to the district office for further examination.

7. Instruct patient to measure 24 hours specimen of urine once each month.

8. Blood pressure—Systolic.

To be taken on every nursing visit, if possible.

9. Instruct patient in the preparation of the following supplies:

a. For Mother

- | | |
|--|---------------------------------|
| 2 Gowns | 2 Wash cloths |
| 1 Pair white stockings | 2 Baths, 6 hand towels |
| 4 Sheets and pillow cases | 4 Ounces Lysol |
| 6 Bed pads | 1 Bedpan |
| Vulva pads or supply of freshly
launched old muslin | 3 Basins |
| Oil cloth or rubber sheet | Save supply of clean newspapers |
| Absorbent cotton | 1 Quart Mason jar |

The bed pads are made from twelve thicknesses of newspapers opened to full size, sewed together and covered with freshly laundered old muslin. When possible, the entire mattress should be covered with oil cloth put on under the bottom sheet. If no oilcloth, use newspapers. See model at Center.

All washable supplies for mother and baby should be freshly laundered and put away in a pillow-case, or clean ironed wrapping paper, until they are needed.

b. For Baby

The following list of baby clothes and toilet necessities may be modified as to material, quantity and quality to suit the individual taste and pocketbook:

- | | |
|---|---|
| 48 Diapers 27" x 27" | 1 Basket or box for bed 15" x 30" |
| 3 Bands 6" x 27" (for home deliveries) | 1 Oilcloth or rubber pillow case for mattress |
| 3 Shirts size 2, cotton and wool or silk and wool | 2 Muslin pillow cases for mattress |
| 3 Bands size 2, cotton and wool or silk and wool | 2 Crib blankets, small size |
| 3 Gertrudes | 2 Towels |
| 3 Night Dresses | 2 Wash cloths, old pieces of linen or underwear |
| 3 Dresses | 1 Piece pure white soap |
| 3 Squares 36" x 36" | 1 Package absorbent cotton |
| 6 Quilted pads 11" x 16" | 1 Package toothpicks |
| 2 Rubber pads 11" x 16" | ½ Pint albolene |
| 1 Hair pillow or felt pad or folded blanket, for mattress | 1 Covered pail for soiled diapers |
| | 1 box of 20 Mule Team Borax |

Toilet Tray to be fitted with:

- | | |
|----------------------------|-------------------------|
| Jar for boiled water | Jar for cotton |
| Jar for large cotton swabs | Soap for pincushion |
| Jar for small cotton swabs | Bottle for boiled water |
| Jar for nipples | Nursing bottle |
| Flat dish for soap | Paper bags for waste |
| Flat dish for oil | Anti-Colic nipples |
| Safety pins | Bottle caps |
- (Jars for Trays may be empty cheese, candy or jelly jars)

Records

Complete records, specifying clearly advice given to patient for each abnormality.

On succeeding visits, state whether or not advice has been followed as well as whether abnormalities have

increased or decreased since preceding visit and whether a conference has been held with the physician or clinic as to the condition of the patient, should the abnormalities be of a nature to warrant it.

DELIVERY ROUTINE

Contents of the Obstetrical Bag

Left hand strap

- 3 large and 3 small safety pins.
- Scales.
- Scissors.

Back compartment

- 1 bottle green soap.
- 1 bottle alcohol.
- 1 bottle hand lotion.
- 1 bottle tooth picks.
- 1 hypodermic syringe with 2 needles (wired) in case
- 1 razor and blade in case.

Right hand strap

- 12 paper napkins.
- 3 tongue depressors and 3 applicators in case.

Front compartment

- 1 mouth thermometer.
- 1 rectal thermometer.
- 1 thumb forceps.
- 1 hemostat.

Center of bag

- 1 funnel.
- 1 sterilizing basin with cover.
- 1 hand brush.
- 1 towel.

Case containing

- 1 graduate connecting tip.
- 1 medicine dropper.
- 2 small rubber catheters.

Case containing

- 1 connecting rubber tube.
- 1 large rectal tube.
- 1 catheter No. 18.

Case containing

- 1 small roll of absorbent cotton.
- 2 sterile cord sets (2 cord ties and 2 cord dressings).

Case containing

- 1 apron.

Record material in pressboard envelope

- 1 family folder.
- 1 maternity record.
- 2 orange-colored delivery records.
- 3 nurse's notes.
- 2 Henry Street Service fee cards.
- 1 receipt book.
- 1 pad Henry Street Service notepaper.

Procedure

If the doctor has not arrived, note the character of one pain and watch the perineum. Learn from the patient if possible, whether or not the membranes have ruptured and judge from your observations how much time you have to spend in preparation.

Unless otherwise directed by the physician proceed as follows:

(a) Ask member of the family for equipment and supplies required, in the order of their importance.

- 1. Water—sufficient supply.
 - 2 kettles (covered).
 - 1 cool sterile water.
 - 1 hot sterile water.
- 2. Lysol—2 oz. bottle.
- 3. Newspapers.
- 4. Pitcher.
- 5. Basins, pail, douche pan, etc. Basins to be cleansed thoroughly and filled with 1% sol. of lysol or boiled.
- 6. Linen, pads, clothing for mother and baby, etc.

(b) Select a place to work. Table or set tubs in kitchen are convenient. Cover tub farthest from sink and protect with newspapers. Have one tub open for emptying solutions. Spread one paper napkin on closed tub and place:

- Bottle of green soap.
- Nail brush.
- Sterilizing basin.
- Nurse's towel.

Follow bag technique for washing hands and putting on apron. Then close bag.

(c) Strip bed, removing feather mattress, if there is one, while directing patient to braid her hair, put on fresh undervest, gown and white stockings if available.

(d) If bed is not sufficiently even, place ironing board or substitute under mattress. Cover mattress with rubber sheeting, layers of newspapers, or oil cloth to provide sufficient protection. Place fresh lower sheet in position tucked in well. Unless otherwise directed make bed for right-hand delivery.

(e) Remove rug from room if possible. Protect floor with several layers of newspaper. Pail, slop jar or chamber under bed ready for use; also receptacle for discarded wet sponges. Bed pan between newspapers under bed.

(f) If no pads have been prepared, with the assistance of the family, make a pad large and thick enough to protect the mattress. (At least twelve layers of newspapers covered with old muslin are necessary). Over this place a small pad made in the same fashion, the size of one sheet of newspaper. At least 8 small pads are needed, and if not already provided, a member of the family should be detailed to make them. The top sheet should be folded down over either end of blanket and both tucked in at the farther side of the bed near the wall and folded back. Place pillow in position. No more linen should be taken out, but the nurse should know where the reserve supply is to be found. Nearby should be placed:

1 sheet for draping (used sheet may be employed).

3 towels.

1 bath towel, if no chest blanket.

Binder.

Gowns.

Safety pins.

(g) Clear off top of dresser or substitute and protect with newspapers. Cover with towel or fresh diaper if supply permits.

On dresser or chairs place:

Absorbent cotton.

Package of perineal pads.

(h) Place receiving blanket, protected with diaper, and extra diaper in convenient place. See that baby's clothing is ready.

(i) Arrange tray with everything necessary for mother's and baby's care. (See routine, A. P.)

A separate warm crib or substitute should be prepared for the baby.

(j) Unfasten bag.

Thoroughly cleanse hands.

All remaining equipment to be used is to be removed from bag at this time as follows:

Several extra paper napkins.

Razor.

Scissors.

Thumb Forceps.

Artery clamps.

Hypodermic and needles.

Cord set.

Scales.

Medicine dropper.

Record material.

- (k) Make up 2 basins of $\frac{1}{2}\%$ lysol solution.
1 placed on tub in kitchen for physician's use.
1 placed on dresser in patient's room for local preparation.
Prepare a clean receptacle for the placenta and place in a convenient, safe place.
- (l) Routine for preparation unless otherwise directed by physician:
Sponge vulva.
Shave or clip.
Wash thighs.
Give enema (if ordered).
Sponge again (may be done over bed pan).
Throw away solution (either in toilet or wash tub).
Scrub razor or scissors with green soap.
Make fresh solution in both basins and place one on dresser in patient's room.
Boil instruments, medicine dropper, hypodermic syringe and needles (wrapping the syringe in muslin or gauze).
Drape patient.
Assist physician with examination.
- (m) On dresser place:
Eye prophylactic, erot and alcohol (provided by physician).
Sterile instruments.
2 glasses and teaspoon.
Cord set.
Package of clean pads.
Vaseline.
- (n) Following delivery:
Baby.
1. Placed in diaper.
 2. Mucous wiped out of baby's mouth.
 3. Cord tied, cord dressed and binder applied.
 4. Prophylactic dropped in eyes. (If silver nitrate is used it must be followed by normal saline solution.)
 5. Wrap in receiving blanket and place on the right side in its bed.

Mother.

1. Patient cleansed and thoroughly dried.
2. Clean perineal pad placed in position.
3. Abdominal binder applied, if ordered by physician.

Conclusion of Delivery

Remove all articles used for delivery and leave patient's room in order.

When physician has finished, drain placenta and instruct husband as to its disposal. Burn if possible. Assist physician with measurements if he desires.

Weigh, oil and take baby's temperature.

Dress baby, being careful to note and report any abnormalities to physician as soon as possible.

Secure necessary information and complete records.

Write bedside notes and collect fee, if possible.

Take T. P. R. of mother and note height of fundus the last thing before leaving the home.

Instruct the family regarding:

- a. Bleeding from baby's cord.
- b. Excessive lochia.
- c. Feedings for baby.
- d. Nourishment for mother.
- e. Care of mother and baby during nurse's absence and preparation of articles for next visit.

POSTPARTUM AND NEW BORN ROUTINE

Introduction

The preliminary procedure in taking up a new postpartum case will depend upon whether or not the patient has been given antepartum care by the Visiting Nurse Service. If the patient has had antepartum care, the articles needed for the mother and baby will be assembled and much time is saved.

Preparation

After the field nurse has made the customary approach in the home she commences her preparations by arranging for an adequate supply of hot water, and makes any adjustment to ensure a sufficiently warm room for the baby's bath. She then asks the family to assist in securing the following:

Equipment for Care of Mother

Clean pitcher.

Douche pan.

Lysol.

Absorbent cotton.

Binder for mother (if ordered by physician).

Safety pins.

Pad for bed.

Perineal pads.

All other articles necessary for general care.

The pitcher or douche bag is thoroughly cleansed and

sterilized either by boiling or soaking in a 1% solution of the lysol (2 teaspoonfuls of lysol to 1 qt. of water).

Equipment for Care of Baby

If not in readiness the articles for the baby are to be assembled.

A small tray or substitute to hold the following articles should be secured:

1 covered glass jar for sterile water supply for baby.

1 " " " for large and small swabs.

1 " " " for oil.

1 " " " for absorbent cotton.

1 " " " containing one or more nipples.

1 nursing bottle for giving baby water.

1 cake castile soap for baby's use only.

1 piece of soap for pin cushion.

Safety pins.

Necessary linen for bath.

Clothing for baby.

While these articles are being assembled the nurse washes her hands and removes what is needed from her bag.

After the T. P. R. of the mother has been taken, the nurse determines whether the mother or baby is to be cared for first.

It is suggested that when the baby is sleeping and quiet, it is preferable to give care to the mother first in order that she may enjoy the baby's bath, also that she may be shown, while her hands are clean, how to make proper toothpick swabs for the day's supply. She is taught to use the toothpick swab for her nipples, so that her fingers do not contaminate the twenty-four hour supply of clean water. Each day, if nursing time is not too near, she may give the baby water while the nurse is clearing away the things from the mother's bath, and preparing for the baby's bath.

Perineal Irrigation

To give the perineal irrigation to the mother the following procedure is recommended:

- a. Remove and fold bedspread.
- b. Remove unnecessary bedclothing, being careful to keep patient sufficiently warm.
- c. Drape patient, using top sheet if advisable.
- d. Protect lower sheet.
- e. Assemble necessary articles at bedside.

Bed pan.

Douche bag or pitcher with $\frac{1}{2}\%$ warm lysol sol. (1 teaspoonful of lysol to 1 qt. of water).

Paper napkin.

Package of perineal pads and roll of absorbent cotton opened.

- f. Place the bed pan in position and remove soiled pad.
- g. Scrub hands and place pad on clean paper napkin.
- h. Break off cotton and place on paper napkin.
- i. Wrap thumb and fore finger of left hand with absorbent cotton.
- j. Flush the vulva and inner area of thighs with solution.
- k. Separate the labia with the protected fingers, gently pour the solution over the area, using not less than one pint. At this time observe the condition of the perineum. Remove bed pan.
- l. Dry with absorbent cotton, being careful to turn patient on side. Place vulva pad in position.

Care of Mother

General care is given as outlined in general routine except for the care of the perineum. A daily full cleansing bath is considered necessary until the patient is up. Full general care is given by the nurse on the first two days. After the second day, unless contra-indicated by the condition of the patient, she may be urged to give a small part of her bath, gradually increasing each day.

The nurse is careful to inquire as to the last time of voiding, also to measure the height of the fundus before leaving the mother on each visit.

Care of Baby

A. Frequency of bath. Sponge bath once a day until the cord is off and umbilicus healed; tub bath thereafter.

B. Place of bath. The decision as to whether the bath will be a table or a lap is to be based on the equipment procurable in the home and the ability of the individual mother or nurse to safely handle the baby. The table bath is preferable for the field nurse who goes from one home to another and who is not provided with a fresh apron for each baby. The baby should be bathed on a pillow or thick pad which has been well protected by rubber, oilcloth or several thicknesses of paper covered by a diaper.

When the nurse teaches the table bath, she must emphasize the necessity for guarding against accident.

Baby's Bath

A clean soft wash cloth and towel should be selected for the baby's bath, and a clean basin.

1. Preliminary procedure:

a. Care of eyes.

The eyes are given no special care, except when indicated.

b. Care of the nose:

The nostrils are cleansed with small cotton swabs moistened in oil or vaseline.

c. Care of ears:

The creases of the ear are cleansed with small cotton swabs moistened with oil or vaseline.

d. Care of mouth:

The mouth is not cleansed unless ordered by the physician.

2. Bath.

a. Loosen clothing.

b. Wash face, without soap. Then soap head and rinse well over basin.

c. Remove slip and shirt.

d. Wash arms and trunk.

e. Oil creases carefully and replace shirt.

f. Unfasten the band, fold back on itself to protect the cord dressing.

g. Wash area under band keeping cord dressing in place. If cord dressing is soiled, dry sterile dressing is applied after the nurse's hands have been washed.

h. Take temperature and complete bath.

j. Gently expose tip of penis or separate labia and cleanse with oil.

If baby is soiled the buttocks are washed and dried and wiped with oil and the temperature is taken before the bath. (The mother is taught to follow this procedure after each stool.)

3. When the bath is completed the baby is weighed, dressed only in the shirt and band. To weigh, place the baby diagonally in a blanket or diaper, drawing the lower point well up between the legs of the baby. If the knot of the blanket or diaper is brought close to the baby's chin the balance will not be difficult, when the scales are attached.

The baby is weighed every other day, during the period of daily care.

4. The straight band is necessary only as long as the cord is on. After that a knitted band is preferable. The square diaper is used because there is no irritation to genitals and skin and no excess clothing forcibly separating the legs. Petticoat and slip are put on together when possible, and always drawn up over the feet. During the baby's bath the bed is aired. A responsible member of the family

should be taught to boil the baby's wash cloth, and to keep it for the exclusive use of the baby.

Records

If the patient has been carried during the antepartum period the maternity record is continued, otherwise data for a new record should be obtained.

The daily visits for bedside care are discontinued after the ninth day if the condition of the mother and baby permit. After the mother is up the nurse demonstrates to her the method of giving the baby's bath, and an appointment is made with the mother who in turn demonstrates the baby's bath to the nurse.

Follow-up Routine

After the daily visits are discontinued, follow up visits are made weekly until the baby is at least one month old, whether the patient is under the care of a midwife or physician. During these visits the mother is advised concerning :

1. The importance of birth registration. If the birth has been registered by the doctor, a certificate is sent to the parents by the Health Department. If this certificate is not received within two months, the Department of Health Registration Bureau, 139 Center Street, should be notified.

2. Continuing the baby under care of the private physician or physician in charge of the clinic at the nearest Health Station.

3. The importance of the sixth week postpartum examination by the private physician or by the physician at the Hospital Clinic.

GENERAL REGULATIONS FOR NURSING STAFF

Hours of Duty

The service requires approximately a 41-hour week. This permits of one regular day and one-half day off duty each week. In addition full holidays for New Year's Day, Lincoln's Birthday, Washington's Birthday, Decoration Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

Vacations

Vacation of 28 days is granted at end of 12 months with the understanding that the nurse is continuing on the staff for at least six months after the first year. If she leaves before the completion of eighteen months of service she will be due only two weeks' vacation.

Resignations

Nurses leaving the staff within two months after appointment, give or receive one week's notice; after appointment as a regular member of the staff, one month's notice is requested and given; except that the Executive Committee reserves the right to sever the connection of any nurse at any time for reasons deemed sufficient, and its judgment shall be final.

Insignia

When a nurse has been accepted on the Staff, at the end of her 2 months' introductory period, she will receive the Henry Street Visiting Nurse Service Insignia upon deposit of \$1.00.

This insignia is to be worn in the center front of the hat band as part of the full uniform and is to be returned when the nurse leaves the staff, at which time the amount of the deposit will be refunded.

Telephone

Each nurse is required to have a telephone in her home and to immediately notify the Main Office and her Supervisor of any change of address or telephone number.

EDUCATIONAL OPPORTUNITIES

1. Staff Nurses

a. *Introduction of New Nurse*

The introduction to the field usually extends over a period of two months. This includes demonstrations, conferences, field and special activities, observations, as well as a carefully planned field experience.

b. *Continued Staff Education*

Continued staff education is effected through staff conferences in the local centers, mental hygiene conferences, sub-council and general staff meetings.

c. *Courses*

After four months of satisfactory field work, nurses may register for class work at Teachers College, Columbia University, on a part time basis. Not more than two half days in addition to the regular half day may be taken. No payment will be made for absent time taken in addition to the regular half day.

Staff nurses carrying more than 2 points while doing full time in the field must obtain special permission from the Educational Director.

Nurses may register for credit at Teachers College for their introductory experience with the Visiting Nurse Service, if this is done within six months of their introduction. College points (2) are granted for this experience if nurses register at Teachers College and pay tuition fees.

2. Supervisors

a. *Introduction of New Assistant*

A definite program of conferences, observations and of participation in demonstrations and other activities is given the new assistant supervisor.

b. *Affiliation with East Harlem Nursing and Health Service*

Through an arrangement with East Harlem Nursing & Health Service* the supervisors are given the opportunity of attending classes for Instructors in Mothers' Clubs.

* (A joint educational and service project which functions as one of the Henry Street centers.)

c. Conferences

The Executive Staff hold bi-weekly conferences with the supervisors.

d. Courses

College points (3) will be granted for the introductory experience given the new assistant supervisors, if theory in "Supervision in Public Health Nursing" is taken either preceding or parallel to the field experience. Special opportunities are given the supervisors who wish to carry work at Teachers College.

3. Students

a. Graduate Students

Students are assigned to field work by Teachers College for two months full time (41½ hrs. a week) or 3 months part time (27½ hrs. a week). College points (2) are granted for this experience.

b. Undergraduate Students

Two months of practical work is offered to undergraduate students from representative nursing schools in New York City as a part of their regular training.

The aim of this experience is to give the student an introduction to the field of Public Health Nursing, with the understanding that if she desires to take courses at Teachers College exemption from field experience will be made.

4. Registration for Credit

Applications for credit for field experience should be made to the Department of Nursing Education, Teachers College, Columbia University, New York City. Tuition is at the rate of \$10 a point—University fee is \$10 a session.

RULES GOVERNING THE STAFF COMMITTEE

- I. The name of this organization shall be "The Staff Committee."
- II. The following rules and regulations are to govern the committee.

A. Officers of Staff Committee

The Staff Committee officers shall consist of the following four members to be elected yearly by the representatives at their staff committee meeting in February:

1. Chairman
2. Vice Chairman
3. Secretary
4. Treasurer

B. Staff Committee

1. The Staff Committee shall consist of one representative from each office; two representatives from the supervisory group, and one representative from the executive group.
2. These representatives shall be elected by their respective groups for a period of at least two years.
3. One alternate for each representative shall be chosen when the representative is chosen.
4. All committees shall be appointed by the Staff Committee.

C. Standing Committees

The following committees are to be appointed by the Staff Committee immediately after election.

(a) Scholarship Committee

The Scholarship Committee shall consist of the chairman of each sub-council and a member of the executive group.

(b) Library Committee

The Library Committee shall consist of one member of the executive group and three other members appointed by the staff committee.

(c) Recreation Committee

The Recreation Committee shall consist of one member of the executive group and the chairman of each sub-council.

D. Dues

1. The Annual Dues shall be two dollars, payable one dollar in January and one dollar in July.
2. The representative to the staff committee shall be responsible for collecting all staff dues.
3. The staff dues shall be divided as follows:

(a) 25% for General Fund

The money from the General Fund is used for flowers, for representatives from staff to national or state meetings, and other incidentals.

(b) 25% for Library Fund

The money from the Library Fund is used to pay for professional magazines for the centers. The amount of \$5.00 has been allotted to each center.

(c) 25% for Educational Purposes

The money from the fund for educational purposes is to be used for speakers for sub-council meetings and staff meetings; also for library books if the Educational Director considers it necessary.

(d) 25% for Augusta Rosenwald Fund

The Augusta Rosenwald Fund is a fund used for loans to the nurses. This is administered by the Associate Director. One representative from the supervisory group and one from the staff are the two other members of this committee.

STAFF ORGANIZATION



